instruments and a better 3-D view of surgical sites let the robotic surgeries are well performed by the surgeons used to perform open surgery. Surgical outcome may improve with case numbers.

NDP070:
MANAGEMENT OF URETERAL OBSTRUCTION WITH DAVINCI LAPAROSCOPIC SURGERY

Jue-Hawn Yin [1,2], Min-Yung Kuo [2], Min-Che Tung [1,2]. [1] *Divisions of Urology, Tungs' Taichung Metroharbor Hospital, Taiwan;* [2] *Department of Surgery, Tungs' Taichung Metroharbor Hospital, Taiwan*

Purpose: It is difficult to use the two-dimentional imaging conventional laparoscopic surgery for dissection, suturing, and knot-tying.With the advent of three-dimentional imaging and wide range freedom of movement of the instruments, the robotic laparoscopic surgery may overcome these obstacles and improved the laparoscopic technique. In past two years, we used daVinci laparoscopic surgery for ureteral obstruction due to various underlying disease.
Materials and Methods: In recent two years, we operated on a total of 4 cases of ureteral obstruction. The underlying causes of ureteral obstruction including one complete duplication of ureter, one recurrent UPJO, one duplex renal pelvis with obstruction, one endometriosis with recurrent lower third ureteral obstruction. There are three female and one male patient, age ranged 23 to 30. The daVinci robotic laparoscopic surgery was used to ureterolysis, segmental resection and reanastomosis of the ureter. The methods we used are dismembered pyeloplasty and transureteroureterostomy.
Results: We followed up these case from 4 months to 19 months. The ureteral anastomosis healed well. All of the obstructions were alleviated.
Conclusion: The daVinci laparoscopic surgery is a useful method to treat ureteral obstruction. No matter it was caused by congenital disease, recurrent disease or inflammatory disease. The meticulous approach to upper or lower ureter is easy and less traumatic. The anastomosis healed well.

NDP071:
IMPROVED EARLY CONTINENCE BY RETZIUS-SPARING METHOD FOR ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY: PRELIMINARY EXPERIENCE OF CHANGHUA CHRISTIAN HOSPITAL

Jian-Ting Chen, Bai-Fu Wang, Heng-Chieh Chiang, Sheng-Xian Huang, Pao-Hwa Chen, You-Chiuan Chien. *Divisions of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan*

Purpose: To report the technique, as well as functional and oncologic results of our preliminary experience of Retzius-sparing method for robot-assisted laparoscopic prostatectomy (RALP).
Materials and Methods: Between Febuary 2014 and March 2015, 10 RALPs with Retzius-sparing were performed at our institute. Demographic, perioperative, and postoperative data were recorded. Continence status was assessed immediately after urethral catheter removal, at the first and third month after RALP. Preprostatic structures, including endopelvic fasica and dorsal venous complex, as well as bladder neck were all preserved. The whole procedure of dissection and vesicourethral anastomosis was accomplished by totally posterior approach. Complications were classified according to the Clavien-Dindo classification.
Results: Median follow-up was 8.3 ± 2.1 months; median age was 67.1 ± 6.5 years. Retzius-sparing method was performed in 7 patients, and 5 of them were continent immediately after catheter removal; mean duration of the catheterization was 7.4 ± 1.4 days. Furthermore, there were no complications related to the bladder neck such as bladder neck stricture, acute/chronic urinary retention, as well as no Clavien III, IV, and V complications.
Conclusion: Our preliminary experience of using Retzius-sparing method for RALP provided very early continence at the time of catheter removal and within short-term follow-up. This can help early recovery of urinary incontinence and better quality of life after RALP.

Andrology

NDP072:
ANTERIORLY POSITIONED MIDLINE PROSTATIC CYST CAUSED SECONDARY INFERTILITY

Hao-wen Lu. *Division of Urology, Department of Surgery Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan*

Purpose: The incidence of congenital mildline prostatic cysts is getting higher and higher from 1% in 1937 to 7.6% in 2003 at asymptomatic man. Most of the symptoms are lower urinary tract symptoms and c secondary infertility. However, Case report of anteriorly positioned midline prostatic cyst of the bladder neck is less than five, it caused lower urinary tract symptoms due to it's physiological position and functioning like a check valve.
Case presentation: We present a case of adult in marriage and child-bearing age with azoospermia found at Premarital medical examination. Anteriorly positioned midline prostatic cyst with ejaculatory duct obstruction was confirmed by 3.0T MRI of prostate. After transurethral incision and pucture procedure of the cyst, most parameters in seminal analysis showed great improvement.
Conclusion: A midline prostatic cyst can be mullerian duct cyst or a utricular cyst, though they have different embryological origins, but clinically we don't distinguish one another due to they locate at the same position, and have the same symptoms and primary treatment. So midline prostatic cysts were defined as hypoechoic to anechoic cystic lesions located in the midline of the prostate. This is the first report of anteriorly positioned midline prostatic cyst can cause ejaculatory duct obstruction and secondary infertility

Female Urology & Urodynamics

NDP073:
CASE REPORT—CONSTIPATION CAUSE HYDRONEPHROSIS

Wei-Hsuan Huang, Chieh-Lung Chou, Chao-Hsiang Chang. *Department of Urology, China Medical University Hospital, Taichung, Taiwan*

Purpose: Hydronephrosis, literally mean water inside the kidney. In image finding, we could found fluid accumulation in renal pelvis and calyces and cause dilatation. Hydronephrosis was cause by obstruction of urinary tract. Structural abnormalities of the junctions between the kidney, ureter, and bladder that lead to hydronephrosis can occur during fetal development. Untreated, it would lead to atrophy of kidney and cause renal failure. Hydronephrosis could be cause by many reasons such as stones, tumors, ureter stricture, ureter kinking, V-U reflex, tumor outer compression, etc.. But it was rarely cause by constipation. This time, we would present a case with hydronephrosis which was cause by constipation
Materials and Methods: A 77-year-old housewife with history of hypertension under medication control for several years and ICH s/p op with aphasia/ right hemiplegia came to our hospital due to general malaise.Cre found 3.12 and GFR found only 14. Abdominal CT revealed bilateral hydroureter and hydronephrosis. Large amount of stool impaction in colon was also found. Hydroureter and hydronephrosis was still persisted even with Foley catheter indwelling. Under the diagnosis of 1.newly diagnosed DM with hyperosmolar hyperglycemic state 2.UTI 3. AKI 4.bilateral hydroureter and hydronephrosis, she was admitted for further survey and care. After admission, Urologist was consulted for Hydronephrosis survey and renal sono was arranged after 1 week and hydronephrosis was still persisted. We had suggested for constipation management. After 1 week constipation management, we arrange renal echo for follow up and found hydronephrosis had improved. Renal function was back to normal range (Cre: 0.36/GRF 174) Under the condition was stable, she could be discharge and OPD follow up.
Results: Hydronephrosis was usually cause by calculi. Sometimes it was cause by tumor obstruction such as UCC. Other causes by Ureteropelvic junction obstruction, Vesicoureteral reflux were also reported. But hydronephrosis cause by severe constipation was rarely reported. Our purpose was to bring up the awareness of this problem with clearly image and raise the opinion that severe constipation may cause hydronephrosis and acute renal failure.
Conclusion: Constipation was usually happened in elderly patient. Patient with hydronephrosis should be keep in mild that constipation may be the

reason and Digital examination should be performed. This case was added to the database and hopefully to raise the awareness of this disorder.

Other

NDP074:

EXTRAPERITONEAL CYSTIC LYMPHANGIOMA WITH PRESENTATION OF LOWER URINARY TRACT SYMPTOMS

Hsuan-Ying Ho, Kun-Hung Shen. *Division of Urology, Department of Surgery, Chi Mei Medical Center, Tainan, Taiwan*

Case report: Extraperitoneal lymphangiomas are rare and usually asymptomatic. The incidence retroperitoneal lymphangiomas is approximately 1%. The symptoms often depend on the location of the tumor and the tumor size. We'd like to share a case in Chi-Mei hospital. A 47-year-old man suffered from urinary frequency and nocturia for 2 years. The symptoms worsened recently. Physical examination found low abdominal dullness and palpable mass without tenderness. Sonography found post-voiding residual urine 914ml. Abdominal CT showed a huge cystic lesion in lower abdomen with compression to urinary bladder and bilateral ureter. The patient then received surgical excision of the tumor. During the surgery, a huge cystic lesion containing 3100cc fluid with adhesion to urinary bladder, left external iliac vessels, and obturator nerve was found, and was removed smoothly. The post-operative pathology reported in cystic lymphangioma. The patient's post-operative condition remained fine, and no complication was noted.

Oncology

NDP075:

LONG TERM HEALTH EFFECT OF ILEAL CONDUIT URINARY DIVERSION

Hao Lun Luo, Po Hui Chiang. *Divisions of Urology, Department of Surgery, Kaohsiung Chang Gung Medical Center, Kaohsiung, Taiwan*

Purpose: Ileal conduit urinary diversion (ICUD) is the most common procedure after radical cystectomy. Distributions of potential complications have been reported, but there is not adequate number of patients with ICUD and bladder preservation control (transurethral resection of bladder tumor, TURBT) for long-term follow-up duration. The aim of this study is to compare the long-term health effect in patients who had undergone ICUD during long term observation.
Materials and Methods: Data for this population-based cohort study were obtained from the Taiwan National Health Insurance Research Database (NHIRD). This study included 43,123 patients with diagnosis of bladder cancer between 1997 and 2006. Only cancer-free patients without chemotherapy and other types of urinary diversions and who lived for longer than five years were included for analysis. All enrolled subjects were followed-up until the end of 2011. The patients with bladder cancer underwent ICUD after radical cystectomy or TURBT only in this series.
Results: Compared to the patients who had undergone bladder preservation procedure only, patients who had undergone ICUD after cystectomy were noted to be independently associated with postoperative de novo UTI, UTI with septicemia, and CKD (all the $p < 0.001$, HR = 1.49, 5.02 and 3.07 respectively). The limitations of this study are its retrospective and multicenter designs.
Conclusion: This study presents a nationwide cohort that ICUD after radical cystectomy may cause higher incidence of UTI, UTI with septicemia and CKD compared with TURBT only during long-term follow up.

NDP076:

LEAVING RESIDUAL URETERAL ORIFICE AFTER HAND-ASSISTED RETROPERITONEOSCOPIC NEPHROURETERECTOMY FOR UPPER TRACT UROTHELIAL CANCER IS LESS TIME CONSUMING AND DO NOT AFFECT OVERALL SURVIVAL

Yu-Dan Chen, Wen-Horng Yang, Chien-Hui Ou. *Department Of Urology, National Cheng-Kung University Hospital, Medical College, National Cheng-Kung University, Tainan, Taiwan*

Purpose: To determine the impact of residual ureteral orifice after hand-assisted retroperitoneoscopic nephroureterectomy (HARN) for primary upper tract urothelial cancer (UTUC).
Materials and Methods: We retrospectively reviewed patients with upper UTUC that had undergone HARN. Of these 75 patients, 37 of which belonged to the study group with ipsilateral residual ureteral orifice (RUO) due to difficult operative approach (because of obesity, previous pelvic operation or radiation therapy, etc), while 38 patients served as controls with no residual ureteral orifice (NUO) postoperatively by follow up cystoscopy. We analyzed intravesical recurrence, local recurrence, and survival to assess the significance between two groups.
Results: Baseline demographics were comparable in both groups. In comparison with the RUO group, the NUO group was associated with a longer total operative time (150 ± 78 vs.200 ± 115 mins, $p = 0.03$). Bladder recurrence was observed in 22 out of 37 (59.5%) in the RUO group and in 10 out of 38 (26%) in the NUO group ($p = 0.001$) during median 39.7 months follow up. There was a significant difference in bladder cancer recurrence-free rate in the NUO group versus RUO group ($p = 0.04$). Forty-eight percent (24/50) of first intravesical recurrence had a tendency of recurrence occurring near the area of ipsilateral ureteral orifice/scar especially in RUO group (57.5% vs.40 %, $p = 0.04$). Most patients (94%) in whom a bladder tumor developed postoperatively were superficial and underwent transurethral resection of the bladder tumor. The survival rate was not significantly different when we compared the RUO and NUO groups ($p = 0.42$).
Conclusion: Leaving residual ureteral orifice is less time consuming, although increase the risk of intravesical recurrence, did not undermine survival after HARN for primary UTUC.

NDP077:

COMPARISON OF CLINICAL PRACTICE GUIDELINES IN PROSTATE CANCER BETWEEN JAPAN AND TAIWAN

Chih-Cheng Lu, Wen-Chou Fan, Tse-Chou Cheng. *Division of Urology, Department of Surgery, Chi Mei Medical Center, Liouying, Tainan*

Purpose: This study is to compare the clinical practice guidelines in managing prostate cancer (CaP) between Japan and Taiwan.
Materials and Methods: CPGs by Japanese Urological Association (JUA) and Taiwan Cooperation Oncology Group (TCOG) were reviewed.
Results: Up to March 2015, the online guideline for CaP by JUA was available since 2006 (updated in 2008).The latest CPG for CaP by TCOG was available in 2010 (the third edition since 1999). Neither JUA nor TCOG had English version so far. JUA had a revised printed version published in April 2012. Evidence based medicine (EBM) was clearly applied by JUA but not by TCOG. In diagnosis, MRI is not suggested before transrectal prostatic biopsy in TCOG. The reference range of serum prostate specific antigen (PSA) was based on Japanese people data with age specific consideration by JUA, but was based on data from USA not from Taiwanese data by TCOG. The age to start PSA checking was 55 years mentioned by JUA and 50 years by TCOG. In treatment, watchful waiting therapy was more detailed by JUA than by TCOG. Proton and heavy ion therapy were discussed in JUA but not in TCOG. Chemoprevention of CaP was mentioned in JUA but not in TCOG. Phytotherapy were not approved by JUA nor TCOG. For localized CaP, primary hormone therapy was recommended in JUA but not mentioned in TCOG.
Conclusion: EBM is essential for modern CPGs. Variation exists between Japanese and Taiwanese editions. From views of EBM, revision of Taiwanese CPG for CaP is strongly suggested. Further study is needed to confirm these findings.

NDP078:

BLADDER CANCER FOLLOWING NEPHROURETERECTOMY WITH BLADDER CUFF EXCISION FOR UPPER URINART TRACT MALIGNANCY: COMPARING THE INCIDENCE BETWEEN SQUAMOUS CELL CARCINOMA AND UROTHELIAL CARCINOMA

Li-Hua Huang [1], Chuan-Shu Chen [2], Yen-Chuan Ou [2]. [1] *Divisions of Urology, Department of Surgery, Tungs' Taichung MetroHarbor Hospital, Taiwan;* [2] *Divisions of Urology, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan*